

40  
1/8/01

ISSUE SLIP STAPLE AREA (for additional cross references)

| POSITION                  | INITIALS | ID NO. | DATE     |
|---------------------------|----------|--------|----------|
| FEE DETERMINATION         |          |        |          |
| O.I.P.E. CLASSIFIER       |          |        |          |
| FORMALITY REVIEW          | HB       | JC-916 | 01-03-01 |
| RESPONSE FORMALITY REVIEW | HA       | 858    | 04-19-01 |

INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

| Claim             | Date    |
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| Final<br>Original |         |
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| Claim             | Date |
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Best Available Copy

If more than 150 claims or 10 actions  
 staple additional sheet here

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